B. CALVE COPURATION (Coverable) Uses and received define or increase and on the date state of service of the memory of the state of service of service of the state of service of service of service of the state of service of			THE DIVISION OF HE	ALTH OF MISSOUF	t		CCA
PLACE OF DEATH	FILED FEB	17 1950	STANDARD CERTIF	ICATE OF DEA	TH s	tate File No	OUE
a. COUNTY b. CITY (II supplies corporate limits, write RURAL and give township) c. LENGTH OF TOWN d.			REG. DIST. NO. 318	PRIMARY REG. DIST.	<u> 1003                                   </u>	legistrar's No	1205
TOWN S.   C. S. C.	If '	тн		2. USUAL RESIDE	NCE (Where decease b.	ed lived. If instit COUNTY	ution: residence bel
NAME OF a. (First)   D. BAIGIN   D. BAIR	• OR (1) 'T-	purate limita, write R		C. CITY (If outside composition of CR TOWN	rata limits, write RUR	L and give townsh	J )
5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARKIED   9. AACE (its years) to books i vital with other during must of working life, even if setting)   10b. KIND OF BUSINESS OR IN.   10b	d. FULL NAME OF ( HOSPITAL OR INSTITUTION	St. Joh	NS #1661TAL	d. STREET ADDRESS 49	(If rural, sire location)	<b>~</b> .	DARK B
5. SEX    6. COLOR OR RACE   7. MARRIED, NEVER MATRIED   8. DATE OF BIRTH   9. AGE (its years) of books of the wind of works   10. WHSDWED-DUMORESS (Josephson)   10. WHSDWED-DUSTRY   10. DUSTRY   10. DUSTRY   11. BIRTHPLACE (Status or foreign consulty)   12. CITIZEN OF COUNTRY   13. BIRTHPLACE (Status or foreign consulty)   12. WITZEN OF COUNTRY   13. WHST (Josephson)   14. NAME OF HUSBAND OR WITZEN   14. NAME OF HUSBAND OR WITZEN   15. WAS DECEASED EVER IN U. S. ARMED FORCEST   16. SOCIAL SECURITY (Yes no. or unknown)   17. INFORMANT'S SIGNATURE OR NAME & ADDRESS   18. ACUSE OF DEATH   19. SOCIAL SECURITY (IV)   17. INFORMANT'S SIGNATURE OR NAME & ADDRESS   18. SOCIAL SECURITY (IV)   18. COUNTRY   18. COUN		A. (First)	b. Middle)	1 1	l OF	<b>—</b>	
COUNTY!   AND COMPAND   COUNTY!	5. SEX 0 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	0.7	9. AGE (In last birth	years if UNDER   day) Months	YEAR IF UNDER IS IN DAYS HOURS MI
MICHAFI, REARDON  BRUCET MUS. ARMED FORCES?  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY  17. INFORMANT'S SIGNATURE OR NAME ADDRES  WAS DECEASED EVER IN U.S. ARMED FORCES?  18. CAUSE OF DEATH Enter only one cause por line for (a), (b), and (c)  "This does not mean the discount feature, extends, etc. It means the discount failure, extends, etc. It means the discountification which caused death.  19a. DATE OF OPERA  19b. MAJOR FINDINGS OF OPERATION  19a. DATE OF OPERA  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT  SUICIDE HOMICIDE HOMICIDE  11d. ODAY)  12to PLACE OF INJURY (a.e., in or about a constitution of the death of the discountification counting death.  21d. TIME WHILE AT NOT WHILE WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE  19a. DATE OF OPERA  19b. MAJOR FINDINGS OF OPERATION  21c. REARDON  21d. Month)  10ay)  11d. I altended the deceased from Male And the date stated above.  22d. STORATURE  (Degree of stitle)  22d. BORPELL, CREMAN  22d. DATE SIGNATURE  (Degree of stitle)  22d. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  (State)  22d. BORPELL, CREMAN  22d. DATE SIGNATURE  22d. DATE SIGNATURE  (State)  10 ADDRES  11 DISEASE OR CONDITION  MEDICAL SECURITY  10 MADOR THOR OR OR NAME  MEDICAL CERTIFICATION  MEDICAL SECURITY  10 MADOR THOR OR OR NAME  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  INTERVALEDER  MARY WEAR OR NAME  ADDRES  10 MADOR THOR OR NAME  ADDRES  10 MADOR THOR OR NAME  ADDRES  10 MADOR THOR OR OR NAME  ADDRES  22d. DATE SIGN  10 MADOR THOR OR OR OR OR NAME  10 MADOR THOR OR OR OR NAME  10 MADOR THOR OR OR NAME  10 MADOR			10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State o	r foreign country)	1	2. CITIZEN OF WH
State   Color   Colo	13a. FATHER'S NAME	RFARDON		NILLEN.	AAA Mill A		Reardon
Enter only one course per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It mems the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) Suicing the decaded death of curred at alive on Add Suicing the decaded death of curred at alive on Add Suicing the decaded death of curred at Accident of the decaded death of the decaded of the decaded of the decaded death of the decaded of the decaded death of the decaded of the decaded death of the decaded of the decaded of the decaded death o				17. INFORMANT'S	Regiden !	140 11 TE	. J by
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DATERRECUD BY LOCAL REGISTRAR'S SIGNATURE ADDRESS & FUNERAL DIRECTOR'S SIGNATURE ADDRESS & C. T. Sermer 3125 Kafyetts a	DATERRECID BY LOCAL	REGISTRAR'S	IGNAPAE	E. J. Sch			agetto a

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the rever	se side of this certificate was embalmed by me, or by
working under my personal supervision.	Student Embalaer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING the above constitutes grounds for revocation of license.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.